

Division of Public Health Services

Office of the Assistant Director Public Health Preparedness Services Bureau of Emergency Medical Services

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JANET NAPOLITANO, GOVERNOR SUSAN GERARD, DIRECTOR

MEDICAL DIRECTION COMMISSION AGENDA

DATE: 6/04/2008 **TIME:** 9:30 – 10:30

LOCATION: 150 N 18th Avenue, 5th Floor, Conference Room 540-A **CALL-IN INFORMATION:** (602) 440-1740; **Code:** 3001

* EMS Council and MDC meetings will be held simultaneously

I. CALL TO ORDER

II. <u>DISCUSSION AND ACTION ITEMS</u>

a. Review and approve rule change required by in House Bill 2365 to amend R9-25-504 to allow ambulances to transport patients to a healthcare institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.

III. CALL TO THE PUBLIC

A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action.

A.R.S. § 38-431.01(G)

IV. ADJOURNMENT

R9-25-504. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport

- **A.** In this Section:
 - 1. "Emergency receiving facility" has the same meaning means the same as in A.R.S. § 36-2201.
 - 2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.
 - 3. "Special hospital" means the same as in A.A.C. R9-10-201.
- **B.** An EMT shall, except as provided in subsection (C), transport an emergency medical patient to an emergency receiving facility:
 - 1. An emergency receiving facility, or
 - A special hospital that is physically connected to an emergency receiving facility.
- C. Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the EMT:
 - Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;
 - Provides to the emergency medical patient with a written list of health care
 institutions that are available to deliver emergency medical care to the emergency
 medical patient. The list shall: that includes:
 - a. <u>Include the The</u> name, address, and telephone number of each health care institution:
 - b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and
 - c. Only include a A health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and
 - 3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be transported, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and

- iii. Health care provider; and
- b. The location of the health care institution and the emergency medical resources available at the health care institution.
- **D.** Before initiating transport of an emergency medical patient, an EMT, emergency medical services provider, or ambulance service shall notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMT's intent to transport the emergency medical patient to the health care institution.
- **E.** An EMT transporting an emergency medical patient to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:
 - 1. A physician licensed under A.R.S. Title 32, Chapter 13 or 17;
 - 2. A physician assistant licensed under A.R.S. Title 32, Chapter 25; or
 - 3. A registered nurse licensed under A.R.S. Title 32, Chapter 15.
- **F.** Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.
- G. An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections (C), (D), and (E).

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-504 recodified from R9-25-804 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).